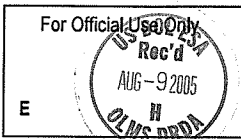


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4995</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Howard</u> <u>Norberg</u> P.O. Box, Bldg., Room No., if any Street <u>2082 Oak Leaf Street</u> City <u>Joliet</u> State <u>Illinois</u> ZIP Code + 4 <u>60436</u>	4. Name, file number, and address of labor organization. Name <u>IRON WORKERS Local 444</u> Labor Organization File Number <u>039635</u> P.O. Box, Building and Room Number, if any Street <u>2082 Oak Leaf Street</u> City <u>Joliet</u> State <u>Illinois</u> ZIP Code + 4 <u>60436</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name <u>Area Erectors</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>2323 Harrison Ave.</u> City <u>Rockford</u> State <u>Illinois</u> ZIP Code + 4 <u>61108</u>	7.a. Nature of Interest, Transaction, or Income. <u>sent Holiday package of popcorn, candy &amp; nuts</u> <u>December 2004</u> 7.b. Amount. <u>\$50</u>
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### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Howard R. Norberg

On 8/4/2005  
Date

(815) 725-1804  
Telephone Number

Name of Person Filing   Howard Norberg	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Segal Company"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="Suite 500"/></p> <p>Street <input type="text" value="101 North Wacker Drive"/></p> <p>City <input type="text" value="Chicago"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60606"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Ironworkers Tri-State Welfare Fund"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="2350 E. 170th Street"/></p> <p>City <input type="text" value="Lansing"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60438"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="Fund Consultant"/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="Hosted dinner while attending educational seminar sponsored by International Foundation of Employee Benefit Plans"/></p> <p>12.b. Amount. <input type="text" value="\$250"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

## Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6. Name and address of Employer (including trade name if any).

Name Blue Ridge Construction

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4004 North Becker Drive

City Bartonville

State Illinois

ZIP Code + 4 61607

## 7.a. Nature of Interest, Transaction, or Income.

sent gift of steaks at Christmas Season 2004

## 7.b. Amount.

\$50

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 7.a. Nature of Interest, Transaction, or Income.

## 7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 7.a. Nature of Interest, Transaction, or Income.

## 7.b. Amount.

Name of Person Filing Howard Norberg

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Co-Merica Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 616

Street 2 Mid-America Plaza

City Oak Brook Terrace

State Illinois ZIP Code + 4 60181

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ironworkers Mid-America Pension

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2350 E. 170th Street

City Lansing

State Illinois ZIP Code + 4 60438

11.a. Nature of such dealing.

Custodian of records for Defined Contribution Pension Plan

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Hosted Holiday dinner at the winter meetings of the Iron Workers District Council of Chicago & Vicinity

12.b. Amount.

\$170

Name of Person Filing Howard Norberg

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Ironworkers Tri-State Welfare

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2350 E. 170th Street

City Lansing

State Illinois

ZIP Code + 4 60438

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ironworkers Tri-State Welfare

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2350 E. 170th Street

City Lansing

State Illinois

ZIP Code + 4 60438

## 11.a. Nature of such dealing.

Jointly managed Trust to provide Health &amp; Welfare benefits to participants of Tri-State Welfare

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Reimbursement of travel expenses to educational seminars required by the Department of Labor and ERISA to meet fiduciary responsibilities. Also reimbursement of expenses associated with attendance at Board of Trustees meetings.

## 12.b. Amount.

\$4,734

Name of Person Filing Howard Norberg	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Lehman Brothers Asset Management"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="200 South Wacker Drive"/></p> <p>City <input type="text" value="Chicago"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60606"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Ironworkers Mid-America Pension"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="2350 E. 170th Street"/></p> <p>City <input type="text" value="Lansing"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60438"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="Asset Manager for Pension Fund"/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="Hosted dinnner while in attendance at educational seminar sponsored by The International Foundation of Employee Benefits"/></p> <p>12.b. Amount. <input type="text" value="\$200"/></p>

Name of Person Filing Howard Norberg	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Baum, Sigman, Auerbach &amp; Neuman LTD</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 2200</p> <p>Street 200 West Adams St.</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60606</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Ironworkers Mid-America Pension</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2350 E. 170th St</p> <p>City Lansing</p> <p>State Illinois ZIP Code + 4 60438</p>	<p>11.a. Nature of such dealing.</p> <p>Fund Attorney</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Hosted luncheon after meeting</p> <p>12.b. Amount. \$45</p>

Name of Person Filing Howard Norberg

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Piotrowski & Gebis

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 300

Street 3315 Algonquin Road

City Rolling Meadows

State Illinois ZIP Code + 4 60008

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ironworkers Tri-State Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2350 E. 170th St

City Lansing

State Illinois ZIP Code + 4

11.a. Nature of such dealing.

Certified Public Accountants for Fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Hosted dinner following Trustees meeting over delinquent employers

12.b. Amount.

\$215



Name of Person Filing Howard Norberg	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Blue Cross Blue Shield of Illinois"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="300 East Randolph Street"/></p> <p>City <input type="text" value="Chicago"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60601"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Ironworkers Tri-State Welfare Fund"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="2350 E. 170th Street"/></p> <p>City <input type="text" value="Lansing"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60438"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="Provides access to provider Network to Health &amp; Welfare Fund"/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="Sponsored golf and dinner following seminar"/></p> <p>12.b. Amount. <input type="text" value="\$150"/></p>